

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889743

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1	1				
13	1	1				
14		1				
15		1				
16		1				
17		4				
18	1		1			
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48						
49						
50						
TOTAL IND.		4				
TOTAL DEP.		14				
TOTAL CLAIMS		10				